

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90065 007 ***150.00

DOCUMENT # **PO 4000014514**

1. Entity Name

PROFESSIONAL COLLISION CENTER

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10714 SW 190 ST

Suite, Apt. #, etc.

35

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

City & State

MIAMI FL

City & State

SAME

Zip

33157

Country

U.S.A

Zip

SAME

Country

SAME

4. FEI Number

65-1077439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

HUGO W. GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)

10391 SW 168 ST

City

MIAMI

FL

Zip Code

33157

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

HUGO W. GONZALEZ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HUGO W. GONZALEZ
10391 SW 168 ST MIAMI FL 33157**

TITLE
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

HUGO W. GONZALEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02 (305) 971-3727

Date

Daytime Phone #